

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077871

FILED
Feb 11, 2009
Secretary of State

Entity Name: SARA J. DORISON, M.D., P.A.

Current Principal Place of Business:

9150 SW 87 AVE STE 108
MIAMI, FL 33176

New Principal Place of Business:

9150 SW 87 AVE STE 108 A
MIAMI, FL 33176

Current Mailing Address:

9150 SW 87 AVE STE 108
MIAMI, FL 33176

New Mailing Address:

9150 SW 87 AVE STE 108 A
MIAMI, FL 33176

FEI Number: 71-0896130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORISON, SARA J M.D.
9150 SW 87TH AVENUE STE 108
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

DORISON, SARA J M.D.
9150 SW 87TH AVENUE STE 108 A
MIAMI, FL 33176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/11/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORISON, SARA J M.D.
Address: 9150 SW 87TH AVENUE STE 108
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA J. DORISON, M.D.

M.D.

02/11/2009

Electronic Signature of Signing Officer or Director

Date